



16W #2121 +

TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)		Application Number	09/611,877
		Filing Date	July 7, 2000
		First Named Inventor	Pawan Goyal
		Group Art Unit Number	2121
		Examiner Name	Sunray Chang
Total Number of Pages in This Submission	13	Attorney Docket Number	21816-04461

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input checked="" type="checkbox"/> Amendment/Response: 10 Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Sabra-Anne R. Truesdale, Reg. No. 55,687	Dated: 4-4-06

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:		
Typed or Printed Name:	Sabra-Anne R. Truesdale	Dated: 4-4-06
Express Mail Mailing Number (optional):		



FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

Complete if Known

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First Named Inventor	Pawan Goyal
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Art Unit	2121
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METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 19-2555

Deposit Account Name Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
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SUBTOTAL (1) (\$) .00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	= 0
Independent Claims	-3** =	X	= 0
Multiple Dependent			= 0

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) .00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1051	2051	65	
1052	2052	25	
1053	1053	130	
1812	1812	2,520	
1804	1804	920*	
1805	1805	1,840*	
1251	2251	60	60
1252	2252	225	
1253	2253	510	
1254	2254	795	
1255	2255	1,080	
1401	2401	250	
1402	2402	250	
1403	2403	500	
1451	1451	1,510	
1452	2452	250	
1453	2453	750	
1501	2501	700	
1502	2502	400	
1503	2503	550	
1460	1460		
1807	1807	50	
1806	1806	180	
8021	8021	40	
1809	2809	395	
1810	2810	395	
1801	2801	395	
1802	1802	900	

Other fee (specify) _____

SUBTOTAL (3) (\$) 60.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type) Sabra-Anne R. Truesdale

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(Attorney/Agent)

Complete (if applicable)

Telephone (650) 335-7187

Signature

Sabra-Anne R. Truesdale

Date

4-4-06